



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2026

Lynda Sallee
AHR Northview Grand Rapids MI TRS Sub, LLC
Ste. 300
18191 Von Karman Ave.
Irvine, CA 92612

RE: License #: AL410418383
The Cortland Terrace Cove
3740 Vista Springs Ave NE
Grand Rapids, MI 49525

Dear Lynda Sallee:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AL410418383

Licensee Name: AHR Northview Grand Rapids MI TRS Sub, LLC

Licensee Address: Ste. 300
18191 Von Karman Ave.
Irvine, CA 92612

Licensee Telephone #: (810) 923-4742

Licensee Designee: Lynda Sallee

Administrator: Lynda Sallee

Name of Facility: The Cortland Terrace Cove

Facility Address: 3740 Vista Springs Ave NE
Grand Rapids, MI 49525

Facility Telephone #: (616) 207-4140

Original Issuance Date: 09/27/2024

Capacity: 20

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2026

Date of Bureau of Fire Services Inspection if applicable: 09/24/2024

Date of Health Authority Inspection if applicable: 10/15/2025

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Inspection concluded prior to meal service, kitchen and refrigeration units, and menus observed.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
9/24/25- asec717(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

On 5/13/26, I completed an exit conference with Ms. Sallee who did not dispute my findings or recommendations. Consultation was provided regarding obtaining confirmation of direct care worker education per R 400.639(1)(e).

IV. RECOMMENDATION

I recommend issuance of a regular 2-year license to this AFC adult large group home (capacity 20).

Cassandra Duursma

5/13/26

Cassandra Duursma
Licensing Consultant

Date